



**PAGE 2 OF U.S.A. DECLARATION FORM**  
**(Discard this page in a sole inventor application)**

1 **Typewritten Full Name**  
**of Second Joint Inventor (if any)**

2 **\*\*Inventor's Signature:**  
3 **\*\*Date of Signature:**

Residence:

Citizenship:

Debra	J.	BATTIES SILER
Given Name	Middle Initial	Family Name
Month	Day	Year
Johns Island	South Carolina	USA
City	State or Province	Country
Post Office Address: (Insert complete mailing address, including country)		
701 E. Bay Street, Suite 433		
MSC 119, Port Center City, Charleston, South Carolina 29403, USA		

1 **Typewritten Full Name**  
**of Third Joint Inventor (if any)**

2 **\*\*Inventor's Signature:**  
3 **\*\*Date of Signature:**

Residence:

Citizenship:

Given Name	Middle Initial	Family Name
Month	Day	Year
City	State or Province	Country
Post Office Address: (Insert complete mailing address, including country)		

1 **Typewritten Full Name**  
**of Fourth Joint Inventor (if any)**

2 **\*\*Inventor's Signature:**  
3 **\*\*Date of Signature:**

Residence:

Citizenship:

Given Name	Middle Initial	Family Name
Month	Day	Year
City	State or Province	Country
Post Office Address: (Insert complete mailing address, including country)		

1 **Typewritten Full Name**  
**of Fifth Joint Inventor (if any)**

2 **\*\*Inventor's Signature:**  
3 **\*\*Date of Signature:**

Residence:

Citizenship:

Given Name	Middle Initial	Family Name
Month	Day	Year
City	State or Province	Country
Post Office Address: (Insert complete mailing address, including country)		

Note to Inventors: Please sign names exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.

00938697.082701